



National Center on  
Substance Abuse  
and Child Welfare

## SUBSTANCE-EXPOSED INFANTS IN-DEPTH TECHNICAL ASSISTANCE (SEI-IDTA)

### SITE PROFILE

#### CONNECTICUT

**LEAD AGENCY: CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES (DCF)**

#### PROJECT ABSTRACT

Connecticut sought technical assistance from the National Center on Substance Abuse and Child Welfare (NCSACW) to advance the capacity of its interagency partners to improve the identification of and safety, health, permanency, and well-being for infants with fetal alcohol spectrum disorder (FASD), neonatal abstinence syndrome (NAS), and other infants with prenatal substance exposure. As a prior In-Depth Technical Assistance (IDTA) site with the NCSACW in 2007, state departments built strong collaboration between DCF; Department of Mental Health and Addiction Services (DMHAS); Judicial Branch; Advanced Behavioral Health, Inc. (ABH); and the University of Connecticut Health Center (UCHC) to develop and implement the Recovery Specialist Voluntary Program (RSVP). Connecticut proposed building on this collaboration and the linkages across child welfare, substance use disorder treatment, and family courts, adding additional stakeholders from early childhood, education, and medical communities to improve outcomes for infants with prenatal substance exposure and their families. To further support this work, DCF and DMHAS jointly funded the first-ever FASD statewide coordinator position at ABH to oversee the development of statewide FASD and NAS policy and practices and serve as the primary point of contact for SEI-IDTA.

Connecticut's SEI-IDTA project marked the state's first attempt to coordinate an interagency effort to address substance exposure among infants with FASD, NAS, or other prenatal substance exposure. The project initially focused on developing a statewide plan with a proposed infrastructure for addressing the needs of these infants; conducting financial mapping to identify and leverage existing resources; creating workforce development opportunities; and examining the feasibility of policy and practices recommended by the interagency collaboration during the planning process.

## KEY PARTNER AGENCIES

The Connecticut Department of Children and Families was the lead agency for the Connecticut SEI-IDTA initiative.

- Department of Children and Families (DCF)
- Department of Mental Health Addiction Services (DMHAS)
- Advanced Behavioral Health (ABH)
- Hartford Health Care
- State Department of Education
- State Department of Public Health (DPH)
- State Department of Corrections
- Connecticut Hospital Association
- Office of Early Childhood (OEC)

## MAJOR PROGRAM GOALS

The initial goals focused on the strategic planning process:

- Goal 1: Assess the state's capacities and needs related to FASD/NAS that will serve as the architecture for: (1) Identifying data infrastructure strengths and challenges; (2) Establishing policy and developing infrastructure for prevention and intervention services, including workforce development; and (3) Developing recommendations for improving the state's data infrastructure to collect data on prenatal exposure.
- Goal 2: Develop a statewide plan to address FASD and NAS in a coordinated fashion to offer a continuum of services to vulnerable families, including prevention, through raising public awareness of services and supports, early intervention, and intensive intervention.
- Goal 3: Conduct financial and asset mapping to identify, coordinate, and maximize fiscal resources to support ongoing FASD/NAS efforts.

In July 2016, the Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA) were signed into law. As a result, the state team adjusted their program goals to align with these changes during the SEI-IDTA engagement.

Modifications to program goals included:

1. Develop guidance to hospitals and practitioners that specifies the CAPTA requirements for notifying such infants to Child Protective Services and engaging hospitals, substance use disorder treatment providers, and other essential partners in planning for discharge and care of infants and their caregivers and families.

2. Clarify and standardize the child welfare response for infants born with and identified as being affected by a substance use disorder, withdrawal, or a Fetal Alcohol Spectrum Disorder, to include:
  - A review of DCF policies and practice guides that outlines the department’s approach to federal CAPTA requirements;
  - The process for reporting of such infants;
  - Roles and responsibilities of all partner agencies; and,
  - The process for and components of a multi-disciplinary “plan of safe care” for infants and their caregivers and families.

## **ACCOMPLISHMENTS**

- DCF and DMHAS jointly funded the Connecticut Keeping Infants Drug Free (K.I.D.) Project, a statewide initiative to coordinate interagency efforts to address FASD and NAS. Funding supports a statewide FASD/NAS coordinator, whose job includes facilitating interagency coordination, overseeing the development of the strategic plan, and ensuring that activities are implemented.
- The state’s strategic plan was expanded to address the prevention, early intervention, and treatment needs of pregnant and postpartum women as well as their infants and children. State commissioners for DCF, DMHAS, DPH, and the OEC approved the 5-Year Plan.
- DPH created a NAS fact sheet as part of the public education and awareness campaign. Hospital discharge data provided baseline data needed for a workgroup studying the economic impact of NAS.
- The Connecticut Hospital Association administered a survey of birthing hospitals to assess current screening, identification, and treatment practices for infants with prenatal substance exposure. The survey identified inconsistencies in practices across hospital settings and provided baseline data against which they can demonstrate improvements.
- The Connecticut Certification Board, in partnership with The Connecticut Women’s Consortium, developed training for their child welfare workers on the “ABCs of MAT.” DCF workers throughout the state are being trained to better understand opioid use disorders and the importance of Medication Assisted Treatment.
- A multi-agency workgroup is developing a protocol for consistent identification and notification of child protection services of infants with prenatal substance exposure and a Connecticut model for plan of safe care for infants and their families.

- Connecticut hospitals are beginning to implement new standards of care for infants with NAS and their mothers, including more opportunities for rooming-in and increased focus on care that promotes mother-infant bonding such as skin-to-skin contact, breastfeeding, and treating infants in general pediatric units as opposed to Neonatal Intensive Care Units (NICUs).

#### PRODUCTS

- ABCs of MAT
- Hospital Association Substance Exposed Infant Survey

#### CONTACT US

For questions about this resource or to request technical assistance, please contact NCSACW at [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org) or 1-866-493-2758.